

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 Upton For All of Us

A.

Full Name (Last, First, Middle Initial)
 Morgan, Meredith & Associates

Mailing Address 2875 Towerview Road, Suite 1000

City Herndon State VA Zip Code 20171-

Purpose of Disbursement
 reporting service
 Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90224.E13312
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

REPORTING SERVICE

B.

Full Name (Last, First, Middle Initial)
 Morgan, Meredith & Associates

Mailing Address 2875 Towerview Road, Suite 1000

City Herndon State VA Zip Code 20171-

Purpose of Disbursement
 reporting service
 Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90317.E13365
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

REPORTING SERVICE

C.

Full Name (Last, First, Middle Initial)
 Morgan, Meredith & Associates

Mailing Address 2875 Towerview Road, Suite 1000

City Herndon State VA Zip Code 20171-

Purpose of Disbursement
 reporting service
 Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90402.E13391
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

REPORTING SERVICE

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)